

State of Washington Employment Security Department

How to Complete Your Shared Work Compensation Plan Application Package

Shared Work Compensation Plan Application

Item No.:

1. Company Name, mailing address, and physical location (if different from mailing).
2. Your company's Employment Security Tax Reference Number, phone number, Fax, and email (if applicable).
3. The name/address, title/position, phone/fax and email of the liaison in your company we are to contact for assistance.
4. Indicate whether your company has had a previous approved plan.
5. An approved Shared Work plan will go into effect on the **date requested OR the second Sunday** after the plan is approved, **whichever is later**. The plan will expire at the end of the twelfth full calendar month after its effective date, or on the date requested in the plan.
6. An affected work unit means a specific department, unit, section, or shift to which an approved Shared Work Plan applies. Use a separate Participant List, when individuals work at **different job sites**. You do not need to submit separate lists for individuals with different job duties.
7. Employer Certification of Shared Work **ELIGIBILITY REQUIREMENTS**.
8. Please read the Employer Certification section carefully, then sign and date the form, certifying that all statements are true and the conditions specified have been met.
9. Shared Work law requires that the plan be approved in writing by the collective bargaining agents for each collective bargaining agreement which covers any employee in the affected unit. If there are more than two collective bargaining agents, please attach a separate page which provides the required information and signature(s).

SHARED WORK COMPENSATION PLAN PARTICIPANT LIST

NOTE: It is mandatory that a completed, legible Participant List accompany the Plan Application. The participants names (last name first) should be in alphabetical order, and the Social Security Number hyphenated.

AUTHORIZATION TO MODIFY SHARED WORK PLAN

NOTE: Instructions for additions and deletions are found on the top of the Participant List. **The employer signature on the Original Plan Application** allows changes to the Shared Work Plan after it has been approved, and allows for adjustments in processing of your employees' benefit claim(s) when the weekly hours of work, and any other conditions, differ from what was indicated on the original plan.

NOTE: Participant deletions should only be for employees who have been permanently separated from your employment.

Please mail or FAX the completed Shared Work Compensation Plan Application package to the address shown below. Should you wish to FAX the forms, please mail the original to the Shared Work Unit.

Return the Shared Work Compensation Plan Application to:

Employment Security Department
Shared Work Program Unit
212 Maple Park, 4th Floor
PO Box 9046
Olympia, WA 98507-9046
FAX: (360) 902-9260
Shared Work email: SharedWork@esd.wa.gov